PTOSB#1 (01-08)
Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
red to respond to a collection of internation urbase X displays a valid OMB control number.

[Application Number 00/KRO SRX

POWER OF ATTORNEY	Timing Date	October 12, 2000
and CORRESPONDENCE ADDRESS INDICATION FORM	First Named Inventor	Ger VAN DEN ENGH
	Title	Flow Cytometer Droplet Information Syste
	Art Unit	1743
INDICATION FORM	Examiner Name	Jan M. Ludlow
	Attorney Docket Number	2512.1710002
I hereby revoke all previous powers of attorney giv	en in the above-identified	application.
I hereby appoint:		
X Practitioners associated with the Customer Number:	64562	
Practitioner(s) named below:		
Name	R	egistration Number
as my/our attorney(s) or agent(s) to prosecute the application ld Trademark Office connected therewith.	sentified above, and to transact a	If business in the United States Petent and
Please recognize or change the correspondence address for the X The address associated with the above-mentioned Cu OR		
The address associated with Customer Number:	64562	
Firm or Individual Name		
Address		
City State Zip		
Country		
Telephone Email		
am the: Applicant/Inventor,		

Under the Paperwork Reduction Act of 1995, no persons are re-

Assignee of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

> HORTON LISA

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Signature

Title and Company

Total of One (1) forms are submitted.

The collection of information is required by 97 CFR 131.13 and 133. The Information is required to detain or retain a barrell by the public which is to the liquid by the public which is to the liquid by the public which is to the liquid by the public which is to the public which is a similar to the public which is to the public which is a total which is a tota

SIGNATURE of Applicant or Assignee of Record

LICENSING DEFICER UNIVERSITY OF WISHINGTON NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Telephone 206,543,3970

FEQ. 25, 2009

Date